



BURLINGTON COUNTY BAR ASSOCIATION
MEMBERSHIP APPLICATION

(Please Type or Print Clearly)

Name: _____ Date of Birth: _____

Firm: _____

Office Address: _____

Telephone: _____ Fax: _____

E-mail: _____ PA I.D. #: _____

Date Admitted to the Bar: within New Jersey: _____ outside New Jersey: _____

College: _____ Graduation Date & Degree _____

Law School: _____ Graduation Date & Degree _____

Home Address: _____

Signature: _____ Date: _____

I am interested in (check all that apply):

- Checkboxes for various bar sections and committees including Civil Practice Section, Criminal Practice Section, Family Part Section, etc.

DUES STRUCTURE

Table with 2 columns: Membership Category and Fee. Includes rows for First year, 2nd-3rd year, 4th-5th year, Admitted 6+ years, Associate & Affiliate, and Student/Law Clerk.

(Government Lawyers - Deduct \$25.00)

Return with appropriate fee, to: Burlington County Bar Association, 45 Grant Street, Mount Holly, NJ 08060

Office use only - do not write below

Checkboxes for NJLD, CPF, Date, Payment Information, and Approved.